|   |   |           |                                 |                            |       |  |                  |         | Application or Dock t Number |  |          |                     |                        |  |
|---|---|-----------|---------------------------------|----------------------------|-------|--|------------------|---------|------------------------------|--|----------|---------------------|------------------------|--|
|   | PATENT A  |           | salun                           | .5                         | 07 -  |  |                  |         |                              |  |          |                     |                        |  |
| Effective December 29, 1999 69 656, 582   |   |           |                                 |                            |       |  |                  |         |                              |  |          |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |           |                                 |                            |       |  |                  | :       | SMALI<br>TYPE                | ENTITY   | OR       | OTHER<br>SMALL      |                        |  |
| FOR   |   |           | NUMBER FILED                    |                            |       | NUMBER EXTRA                               |                  |         | RATE                         | FEE  | 1        | RATE                | FEE                    |  |
| BASIC FEE   |   |           | A Paris                         |                            |       |  |                  |         |                              | 345.00   | OR       | , <u>(66</u> ),     | 690.00                 |  |
| TOTAL CLAIMS  |   |           | 29                              | minus 2                    | 20=   | . 9  |                  |         | X\$ 9=                       |  | OR       | X\$18=              | 162                    |  |
| INDEPENDENT CLAIMS  |   |           | 2 minus 3 = 1                   |                            |       | • •  | X39=             |         |                              |  | OR       | X78=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |           |                                 |                            |       | ſ  | +130=            |         | OR                           | +260=  |          |                     |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |           |                                 |                            |       |  | L                | TOTAL.  |                              | OR   | TOTAL    | 852                 |                        |  |
| CLAIMS AS AMENDED - PART II   |   |           |                                 |                            |       |  |                  |         |                              |  | _        | OTHER               |                        |  |
|   | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |           |                                 |                            |       |  |                  | :       | SMALL                        | . ENTITY   | OR       | SMALL               | ENTITY                 |  |
| AMENDMENT A   |   | REM<br>Al | AIMS<br>AINING<br>TER<br>NDMENT | NING<br>ER                 |       | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT     |                              | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | •         |                                 | Minus                      | **    |  | =                |         | X\$ 9=                       |  | OR       | X\$18=              |                        |  |
|   | Independent                                     | •         |                                 | Minus                      | •••   |  | =                |         | X39=                         |  | OR       | X78=                |                        |  |
|   | FIRST PRESE                                     | NIAII     | ON OF MU                        | LTIPLE DEF                 | ENL   | DENT CLAIM                                 |                  |         | +130=                        |  | OR       | +260=               |                        |  |
|   |   |           |                                 |                            |       |  |                  | L       | TOTA                         | _  |          | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |           |                                 |                            |       |  |                  | AL      | ODIT. FEI                    | E  |          | AUDIT. FEET         |                        |  |
| AMENDMENT B   |   | CL        | AIMS                            |                            |       | HIGHEST<br>NUMBER                          | PRESENT          |         |                              | ADDI-  | 7        |                     | ADDI-                  |  |
|   |   | Al        | IAINING<br>FTER<br>NDMENT       |                            | PF    | REVIOUSLY<br>PAID FOR                      | EXTRA            | L       | RATE                         | TIONAL<br>FEE                                    |          | RATE                | TIONAL<br>FEE          |  |
|   | Total   | •         |                                 | Minus                      | ••    |  | =                |         | X\$ 9=                       |  | OR       | X\$18=              |                        |  |
|   | Independent                                     |           | 20 05 14                        | Minus                      | ***   |  | =                |         | X39=                         |  | OR       | X78=                |                        |  |
|   | FIRST PRESE                                     | MAIK      | JN OF MU                        | LIIPLE DEI                 | CINL  | JENI CLAIM                                 |                  |         | +130=                        |  | OR       | +260=               |                        |  |
|   |   |           |                                 |                            |       |  |                  | L       | TOTA                         |  | \!       | TOTAL               |                        |  |
|   |   |           |                                 |                            |       |  |                  |         | DIT. FE                      | E <b>L</b>                                       | JO.,     | ADDIT. FEE          |                        |  |
|   | La color 1901                                   |           | umn 1)<br>Alms                  |                            |       | Column 2)<br>HIGHEST                       | (Column 3)       | _       | ·                            | LADDI  | 1 1      | 1                   | 4001                   |  |
| AMENDMENT C   |   | A         | IAINING<br>FTER<br>NDMENT       | <i>A A A A A A A A A A</i> | PF    | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | Ĺ       | RATE                         | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | •         |                                 | Minus                      | ••    |  | =                |         | X\$ 9=                       |  | OR       | X\$18=              |                        |  |
|   | Independent                                     | •         |                                 | Minus                      | •••   |  | =                |         | X39=                         |  | OR       | X78=                |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |           |                                 |                            |       |  |                  | ╟       |                              | <del>                                     </del> | Un       |                     |                        |  |
|   | If the entry in eath                            | ma 1 ic   | loca than th                    | a antry in colu            | ımr 2 | write "O" in ~~!                           | lumn 3           | L       | +130=                        | <u> </u>   | OR       | +260 <del>=</del>   |                        |  |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |           |                                 |                            |       |  |                  |         |                              |  |          |                     |                        |  |
|   | The "Highest Nun                                |           |                                 |                            |       |  |                  | r found | d in the a                   | ppropriate bo                                    | x in col | umn 1.              |                        |  |

FORM PTO-875 (Rev. 12/99)